

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC Doing Business As AMIDEAST		<b>D Employer identification number</b> 53-0243270
	Number and street (or P O box if mail is not delivered to street address) 1730 M STREET NW NO 1100	Room/suite	<b>E Telephone number</b> (202) 776-9699
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		<b>G Gross receipts \$</b> 84,741,126

<b>F Name and address of principal officer</b> THEODORE H KATTOUF 1730 M STREET NW NO 1100 WASHINGTON, DC 20036	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number
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**I Tax-exempt status**  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J Website:** WWW AMIDEAST ORG

**K Form of organization**  Corporation  Trust  Association  Other **L Year of formation** 1951 **M State of legal domicile** NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO PROMOTE COOPERATION AND UNDERSTANDING BETWEEN THE PEOPLES OF THE MIDDLE EAST/NORTH AFRICA AND AMERICANS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	30
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	429
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	25
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	192,014	173,289
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,085,383	80,265,926
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,118	837,692
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,486,813	81,341,848
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	929,635	576,783
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,683,704	18,339,803
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <sup>51</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	58,684,691	62,589,960
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	77,298,030	81,506,546
<b>19</b> Revenue less expenses Subtract line 18 from line 12	188,783	-164,698	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	28,381,082	27,799,030
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	13,351,711	13,753,921
		15,029,371	14,045,109

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer	2012-06-29 Date
	THEODORE H KATTOUF CEO/PRESIDENT Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name YONG ZHANG CPA	Preparer's signature YONG ZHANG CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name MCGLADREY LLP				Firm's EIN
	Firm's address 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205				Phone no (703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . [X]

1 Briefly describe the organization's mission
AMIDEAST SEEKS TO STRENGTHEN MUTUAL UNDERSTANDING AND COOPERATION BETWEEN AMERICANS AND THE PEOPLES OF THE MIDDLE EAST AND NORTH AFRICA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 29,046,918 including grants of \$ 576,783 ) (Revenue \$ 31,388,256 )
PROGRAMS(1) EXCHANGE PROGRAMSGOVERNMENTS, DONOR AGENCIES, EDUCATIONAL INSTITUTIONS, AND CORPORATIONS TURN TO AMIDEAST FOR ASSISTANCE IN MANAGING SCHOLARSHIP AND EXCHANGE PROGRAMS IN THE UNITED STATES FOR MIDDLE EASTERN AND NORTH AFRICAN STUDENTS SUCCESSFUL PROGRAMS REQUIRE SOLID LOGISTICS AND SUPPORT SPONSORS MUST DETERMINE APPROPRIATE SELECTION CRITERIA AND MAKE THE MOST OF LIMITED RESOURCES, CANDIDATES SEEK ADVICE ON EDUCATIONAL CHOICES AND ON HANDLING APPLICATION, FINANCIAL, AND TRAVEL ARRANGEMENTS, AND PARTICIPANT PROGRESS NEEDS TO BE CLOSELY MONITORED AMIDEAST ENSURES THAT ALL THESE REQUIREMENTS ARE MET SO THAT SCHOLARSHIP AND EXCHANGE PROGRAMS CAN ACHIEVE THEIR OBJECTIVES AMIDEAST'S SERVICES TO EDUCATION AND TRAINING PROGRAM SPONSORS INCLUDE PROGRAM ANNOUNCEMENT AND RECRUITING OF CANDIDATES, MANAGING THE SELECTION PROCESS, PLACEMENT, PREDEPARTURE ORIENTATION, ONGOING ADVISING AND MONITORING, FINANCIAL ADMINISTRATION, REPORTING TO SPONSORS FOR GROUPS OF AMERICAN STUDENTS OR PROFESSIONALS, AMIDEAST DESIGNS AND IMPLEMENTS ACADEMIC STUDY, CULTURAL IMMERSION, AND PROFESSIONAL DEVELOPMENT PROGRAMS IN THE MIDDLE EAST AND NORTH AFRICA THESE PROGRAMS ARE TAILORED TO THE NEEDS AND INTERESTS OF EACH SPONSOR AND CAN RANGE IN DURATION FROM A FEW DAYS TO AN ENTIRE ACADEMIC YEAR AMONG THE PROGRAM ELEMENTS AMIDEAST CAN ARRANGE ARE PREDEPARTURE AND ARRIVAL ORIENTATIONS, ACADEMIC COURSES AND LECTURES, MEMORABLE CULTURAL EXPERIENCES, ARABIC LANGUAGE INSTRUCTION, FIELD TRIPS, INTERNSHIPS, AND PROFESSIONAL MEETINGS, AND HOUSING, INCLUDING HOMESTAYS IN 2007, AMIDEAST INITIATED A STUDY ABROAD SEMESTER PROGRAM IN MOROCCO IN COOPERATION WITH A LOCAL MOROCCAN UNIVERSITY, IN 2009 LAUNCHED SIMILAR PROGRAMS IN JORDAN, EGYPT, AND KUWAIT AS WELL AS A SUMMER ARABIC PROGRAM IN MOROCCO, AND IN 2010 IT LAUNCHED A SUMMER ARABIC PROGRAM IN JORDAN AS WELL IN 2010, AMIDEAST SUPPORTED SHORT- AND LONG-TERM SCHOLARSHIP AND EXCHANGE PROGRAMS FOR OVER 1,800 PARTICIPANTS (2) INSTITUTIONAL STRENGTHENINGFOR DECADES, AMIDEAST HAS CONTRIBUTED TO STRENGTHENING INSTITUTIONS IN THE MIDDLE EAST AND NORTH AFRICA THROUGH A RANGE OF SPECIALIZED SERVICES AND PROGRAMS DESIGNED TO MEET THE NEEDS OF GOVERNMENTS, NONGOVERNMENTAL ORGANIZATIONS, AND COMPANIES WE HAVE ADMINISTERED PROGRAMS THAT ADVANCED THE QUALITY OF JUDICIAL TRAINING, CONTRIBUTED TO FACULTY DEVELOPMENT AT EDUCATIONAL INSTITUTIONS, RAISED AWARENESS OF THE IMPORTANCE OF TRANSPARENCY AND ACCOUNTABILITY IN LOCAL GOVERNMENT, AND INCREASED THE PARTICIPATION OF CIVIL SOCIETY ORGANIZATIONS IN PUBLIC DISCOURSE IN 2010, AMIDEAST ADMINISTERED-AS EITHER A PRIME OR SUBCONTRACTOR-10 INSTITUTIONAL STRENGTHENING PROJECTS IN EGYPT, IRAQ, JORDAN, LEBANON, SAUDI ARABIA, AND THE WEST BANK AND GAZA (3) TRAININGIN RESPONSE TO GROWING DEMAND FOR ENGLISH LANGUAGE TRAINING THROUGHOUT THE MIDDLE EAST AND NORTH AFRICA, AMIDEAST HAS MADE THE EXPANSION OF ITS ENGLISH LANGUAGE TRAINING PROGRAMS A PRIORITY IN ADDITION TO ENGLISH LANGUAGE CLASSES, AMIDEAST OFFERS PREPARATION FOR A NUMBER OF STANDARDIZED TESTS INCLUDING THE TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL), GRADUATE RECORD EXAM (GRE), SAT I AND II, AND THE GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT) AMIDEAST ALSO DESIGNS AND CONDUCTS ENGLISH FOR SPECIAL PURPOSES PROGRAMS TO MEET THE SPECIALIZED REQUIREMENTS OF PUBLIC AND PRIVATE SECTOR ENTITIES, INCLUDING NATIONAL MINISTRIES, INTERNATIONAL AND NONGOVERNMENTAL ORGANIZATIONS, AND BUSINESSES IN ADDITION, AMIDEAST COMBINES ITS EXPERIENCE IN LANGUAGE TRAINING AND INSTITUTIONAL DEVELOPMENT TO HELP GOVERNMENT MINISTRIES, PUBLIC AGENCIES, AND EDUCATIONAL INSTITUTIONS DEVELOP AND IMPROVE THEIR OWN ENGLISH LANGUAGE TRAINING PROGRAMS IN ADDITION TO ENGLISH LANGUAGE TRAINING, AMIDEAST FIELD OFFICES OFFER TRAINING PROGRAMS AND COURSES THAT PROVIDE INDIVIDUALS AND INSTITUTIONS IN THE REGION- INCLUDING PRIVATE CORPORATIONS, GOVERNMENT AGENCIES, AND NONPROFIT ORGANIZATIONS-WITH THE SKILLS THEY NEED TO MEET PROFESSIONAL CHALLENGES AMONG THE SUBJECT AREAS IN WHICH AMIDEAST ROUTINELY OFFERS TRAINING ARE STRATEGIC PLANNING, EFFECTIVE COMMUNICATIONS, MANAGEMENT, COMPUTER SKILLS, CUSTOMER SERVICE, MARKETING, PROPOSAL WRITING, AND NEGOTIATION SKILLS IN 2010, AMIDEAST TAUGHT ENGLISH LANGUAGE AND PROFESSIONAL SKILLS TO MORE THAN 60,000 STUDENTS AND PROFESSIONALS (4) EDUCATIONAL ADVISINGAMIDEAST OFFERS EXPERT, RELIABLE GUIDANCE ON U S STUDY AND TRAINING OPTIONS OUR EDUCATIONAL INFORMATION CENTERS HELP INDIVIDUALS AND INSTITUTIONS SELECT THE RIGHT OPTIONS FOR THEIR SPECIFIC NEEDS AS EDUCATIONUSA SITES, AMIDEAST CENTERS PROVIDE COMPREHENSIVE, ACCURATE, AND IMPARTIAL SUPPORT SOME OF THE RESOURCES AVAILABLE AT AMIDEAST EDUCATIONAL ADVISING CENTERS INCLUDE EXTENSIVE LIBRARIES FOCUSING ON THE U S EDUCATIONAL SYSTEM AND STUDY OPPORTUNITIES, PRESENTATIONS ON THE U S ADMISSIONS PROCESS, SPECIFIC FIELDS OF STUDY, ORIENTATION TO U S LIFE AND STUDY, AND OTHER TOPICS, INDIVIDUAL CONSULTATIONS WITH OUR PROFESSIONAL ADVISING STAFF, SUPPORT FOR EACH STEP OF THE APPLICATION PROCESS, AND ASSISTANCE FOR U S GRADUATES RETURNING HOME IN 2010, AMIDEAST ADVISING CENTERS RECORDED MORE THAN 200,000 VISITS (5) TESTINGAS THE LEADING TEST ADMINISTRATOR IN THE MIDDLE EAST/NORTH AFRICA REGION, AMIDEAST HANDLES REGISTRATION FOR AND SUPERVISION OF EXAMINATIONS FOR HUNDREDS OF THOUSANDS OF STUDENTS AMIDEAST ADMINISTERS MOST COMMONLY REQUIRED U S STANDARDIZED TESTS, INCLUDING THE TOEFL, SAT, GRE, GMAT, TOEFL ITP, AND TOEIC TESTING SERVICES ARE PROVIDED FOR INDIVIDUALS AND A VARIETY OF INSTITUTIONS, FROM MINISTRIES AND UNIVERSITIES TO SMALL BUSINESSES WITH MORE THAN FIFTY YEARS OF EXPERIENCE, AMIDEAST CAN PROVIDE SUPPORT IN ALL AREAS OF TESTING IDENTIFICATION OF APPROPRIATE, RECOGNIZED EXAMS FOR ACADEMIC OR PROFESSIONAL PURPOSES, REGISTRATION SERVICES, TEST ADMINISTRATION AND PROCTORING, QUICK, ACCURATE, AND SECURE SCORING, AND TEST PREPARATION RESOURCES, COURSEWARE, AND CLASSES IN 2010, AMIDEAST ADMINISTERED 92,300 COMPUTER-BASED, PAPER-BASED, AND INTERNET-BASED TESTS

4b (Code ) (Expenses \$ 45,231,747 including grants of \$ ) (Revenue \$ 48,877,670 )
OUTREACHHELPING AMERICAN AUDIENCES LEARN ABOUT MIDDLE EASTERN AND NORTH AFRICAN CULTURES AND SOCIETIES IS AN IMPORTANT ASPECT OF AMIDEAST'S MISSION AMIDEAST IS AN ESPECIALLY VALUABLE RESOURCE FOR AMERICAN TEACHERS AND LIBRARIANS IN GRADES K-12 WHO SEEK QUALITY EDUCATIONAL MATERIALS ABOUT THE REGION FOR USE WITH THEIR STUDENTS, AND FOR U S COLLEGE AND UNIVERSITY ADMISSIONS PERSONNEL WHO NEED INFORMATION ABOUT THE EDUCATIONAL SYSTEMS OF THE MIDDLE EAST AND NORTH AFRICA AMIDEAST BRINGS INSIGHTS ABOUT THE MIDDLE EAST AND NORTH AFRICA TO AMERICAN CLASSROOMS BY DEVELOPING AND DISTRIBUTING THE HIGHEST QUALITY EDUCATIONAL MATERIALS TO U S EDUCATORS THE ARAB HERITAGE FUND WAS ESTABLISHED TO HELP SUPPORT ONGOING AND EXPANDED OUTREACH TO AMERICAN TEACHERS, LIBRARIANS, AND STUDENTS QUALITY EDUCATIONAL EXCHANGE REQUIRES INFORMED ADMISSIONS DECISIONS THROUGH ITS INSTITUTIONAL MEMBERSHIP PROGRAM, AMIDEAST PROVIDES EXPERT INFORMATION AND ANALYSIS ON ARAB EDUCATIONAL SYSTEMS, INSTITUTIONS, AND ACADEMIC CREDENTIALS TO U S AND OTHER HIGHER EDUCATIONAL INSTITUTIONS WHO ARE MEMBERS OF THIS SPECIALIZED PROGRAM IN 2010, APPROXIMATELY113 COLLEGES AND UNIVERSITIES, ENGLISH LANGUAGE INSTITUTES, AND CREDENTIAL EVALUATION SERVICES SUBSCRIBED TO THE INSTITUTIONAL MEMBERSHIP PROGRAM

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 74,278,665

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	Yes	
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>		No
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [checked]

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **LINDA DENICOLA CFO  
 1730 M STREET NW SUITE 1100  
 WASHINGTON, DC 20036  
 (202) 776-9699**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,135,041	0	331,063	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **24**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	173,289				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	173,289				
	<b>Program Service Revenue</b>	<b>2a</b> CONTRACT & GRANT REVENUE	900099	57,681,281	57,681,281	
<b>b</b> FEES FOR SERVICE		900099	22,583,058	22,583,058		
<b>c</b> PRODUCT SALES		900099	1,587	1,587		
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			80,265,926			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		275,853		275,853
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	3,961,117			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	3,399,278			
		<b>c</b> Gain or (loss)	561,839			
	<b>d</b> Net gain or (loss) . . . . .		561,839		561,839	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b> OTHER REVENUE	Miscellaneous Revenue	900099	64,941		64,941	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		64,941			
	<b>12 Total revenue.</b> See Instructions . . . . .		81,341,848	80,265,926	0	902,633

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	576,783	576,783		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,694,407	1,694,407		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	12,891,831	9,576,631	3,319,666	-4,466
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	277,385	179,390	97,833	162
<b>9</b>	Other employee benefits . . . . .	2,370,682	1,727,301	642,317	1,064
<b>10</b>	Payroll taxes . . . . .	1,105,498	820,477	284,549	472
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .	160,105	151,174	8,931	
<b>c</b>	Accounting . . . . .	113,549	107,215	6,334	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	75,909		75,909	
<b>g</b>	Other . . . . .	6,883,346	6,499,390	383,956	
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	1,887,471	1,505,679	380,762	1,030
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	4,553,031	3,758,049	794,982	
<b>17</b>	Travel . . . . .	1,239,256	1,023,144	216,112	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	433,211	407,555	25,656	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	882,962	754,779	128,183	
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	PARTICIPANT & STUDENT E	37,892,548	37,892,447		101
<b>b</b>	FURNITURE AND PROJECT E	3,575,551	3,534,384	41,167	
<b>c</b>	OTHER EXPENSES	2,266,649	1,484,674	780,825	1,150
<b>d</b>	SUBCONTRACTS	2,072,521	2,072,521		
<b>e</b>	PRINTING, POSTAGE, DELI	553,851	512,665	40,648	538
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	81,506,546	74,278,665	7,227,830	51
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	67	<b>1</b>	677
	<b>2</b> Savings and temporary cash investments . . . . .	10,112,257	<b>2</b>	7,067,811
	<b>3</b> Pledges and grants receivable, net . . . . .	177,273	<b>3</b>	152,661
	<b>4</b> Accounts receivable, net . . . . .	6,040,616	<b>4</b>	7,560,785
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,041,890	<b>8</b>	1,167,373
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,086,434	<b>9</b>	1,382,451
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,754,713		
	<b>b</b> Less accumulated depreciation . . . . .	9,116,160	1,618,445	<b>10c</b> 1,638,553
	<b>11</b> Investments—publicly traded securities . . . . .	8,304,100	<b>11</b>	8,828,719
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	28,381,082	<b>16</b>	27,799,030	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,654,440	<b>17</b>	6,156,816
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	659,962	<b>19</b>	807,703
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	7,037,309	<b>25</b>	6,789,402
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,351,711	<b>26</b>	13,753,921
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	13,222,195	<b>27</b>	12,472,746
	<b>28</b> Temporarily restricted net assets . . . . .	1,807,176	<b>28</b>	1,572,363
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	15,029,371	<b>33</b>	14,045,109	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	28,381,082	<b>34</b>	27,799,030	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	81,341,848
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	81,506,546
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-164,698
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	15,029,371
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-819,564
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	14,045,109

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2010**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICA-MIDEAST EDUCATIONAL & TRAINING  
SERVICES INC

Employer identification number  
53-0243270

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	563,327	425,521	451,058	192,014	173,289	1,805,209
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	563,327	425,521	451,058	192,014	173,289	1,805,209
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						319,914
<b>6 Public Support.</b> Subtract line 5 from line 4						1,485,295

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	563,327	425,521	451,058	192,014	173,289	1,805,209
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	388,997	386,658	297,729	237,592	275,853	1,586,829
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,834	40,937	57,454	72,298	64,941	247,464
<b>11 Total support</b> (Add lines 7 through 10)						3,639,502
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	355,946,540

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	40.810 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	41.140 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						




**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

Employer identification number 53-0243270

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	9,800,813	9,135,654	9,138,284		
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .	-58,580	665,159	644,530		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			647,160		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	9,742,233	9,800,813	9,135,654		

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		3,424,653	2,306,058	1,118,595
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		7,330,060	6,810,102	519,958
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,638,553



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	81,341,848
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	81,506,546
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-164,698
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-819,564
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-819,564
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-984,262

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	80,446,375
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-819,564
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-819,564
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	81,265,939
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	75,909
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	75,909
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	81,341,848

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	81,430,637
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	81,430,637
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	75,909
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	75,909
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	81,506,546

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD OF DIRECTORS HAS DESIGNATED ENDOWMENT FUNDS FOR FUTURE RESERVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AMIDEAST IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO AMIDEAST'S TAX EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. AMIDEAST HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2011, THEREFORE, NO PROVISION HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. AMIDEAST COMPLIES WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC TOPIC 740-10), WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, AMIDEAST MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT EVALUATED AMIDEASTS TAX POSITIONS AND CONCLUDED THAT AMIDEAST HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, AMIDEAST IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICA-MIDEAST EDUCATIONAL & TRAINING  
SERVICES INC

**Employer identification number**  
53-0243270

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
MIDDLE EAST AND NORTH AFRICA	28	438	PROGRAM SERVICE	EDUCATION/TRAINING	44,068,573
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		576,783
<b>3a</b> Sub-total	28	438			44,645,356
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	28	438			44,645,356





**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 REPORTING AND MONITORING DISCUSSIONS WITH SUBGRANTEES

Schedule F (Form 990) 2010

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0243270  
**Name:** AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	PRIVATE SECTOR RECOVERY PROGRAM	-6,786	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	ADMINISTRATIVE DECENTRALIZATION LAW	-2,823	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	ADDRESSING MENTAL HEALTH PROBLEMS IN LEBANESE SCHOOLS	1,571	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	MODEL CABINET OF MINISTERS	3,270	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	SAFE WORK IN LEBANESE BAKERIES FROM POLICY TO PRACTICE	6,851	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	JUSTICE DELAYED IS JUSTICE DENIED	8,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	PROMOTING PUBLIC CONSULTATION IN URBAN POLICY	8,378	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	EQUAL UNDER THE LAW KNOW YOUR RIGHTS	9,900	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	PUBLIC PROCUREMENT TRANSPARENCY	10,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	BUSINESS ETHICS PROGRAM	10,256	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	SHADOW YOUTH MUNICIPAL COUNCILS	12,666	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	ACCREDITATION CRITERIA FOR LEBANESE NGOS	15,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	RATIFICATION OF UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES	17,750	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	DISABILITY ID AWARENESS AND ENFORCEMENT CAMPAIGN	17,755	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	TRANSPARENCY IN THE EQUIVALENCE PROCESS	20,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	STANDARDS FOR ARABIC BREAD	20,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	EQUAL UNDER THE LAW KNOW YOUR RIGHTS 2	21,737	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	CITIZEN INFORMATION PAMPHLETS	22,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	EMPOWERING LEBANESE WOMEN E-CENTER FOR LEBANESE WOMEN	25,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	CONSUMER PROTECTION AWARENESS CAMPAIGN	25,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	A CULTURE OF ROAD SAFETY -- CONTINUED	25,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	PROMOTE AND SPREAD A CULTURE OF ROAD SAFETY AND RESPECT FOR THE DRIVING LAW	32,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	MODERN PUBLIC HEALTHCARE REGULATION	25,000	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	INCREASING ACCOUNTABILITY OF GOVERNMENT SPENDING	26,913	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	NATIONAL QUALITY ASSURANCE BODY FOR HIGHER EDUCATION IN LEBANON	28,918	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	STATE COUNCIL E-LIBRARY	30,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	ROLE OF MEDIA A TOOL FOR FIGHTING CORRUPTION	30,650	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	WOMENS RIGHTS MONITOR	31,750	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	ENERGY EFFICIENCY STANDARDS	31,850	CHECK			
		MIDDLE EAST AND NORTH AFRICA -	E-WASTE MANAGEMENT	34,177	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA -	CAPACITY BUILDING OF CRAFTSMEN SYNDICATE	35,000	CHECK			

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

**Employer identification number**

53-0243270

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b>		
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel            | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)            |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THE HONORABLE THEODORE H KATTOUF	(i)	288,669	0	0	18,559	4,542	311,770	0
	(ii)	0	0	0	0	0	0	0
(2) LINDA DENICOLA	(i)	157,451	0	0	0	12,796	170,247	0
	(ii)	0	0	0	0	0	0	0
(3) VINCENT DESOMMA	(i)	161,520	0	0	13,667	18,174	193,361	0
	(ii)	0	0	0	0	0	0	0
(4) LESLIE NUCHO	(i)	138,144	0	0	19,302	4,526	161,972	0
	(ii)	0	0	0	0	0	0	0
(5) JAMES GRABOWSKI	(i)	140,498	0	1,000	11,575	17,988	171,061	0
	(ii)	0	0	0	0	0	0	0
(6) GREGORY TOUMA	(i)	125,601	0	0	10,649	17,973	154,223	0
	(ii)	0	0	0	0	0	0	0
(7) KATHLEEN ARCHAMBAULT	(i)	124,751	0	0	18,113	7,336	150,200	0
	(ii)	0	0	0	0	0	0	0
(8) DAVID GODSTED	(i)	114,721	0	58,051	2,906	20,857	196,535	0
	(ii)	0	0	0	0	0	0	0
(9) CHRIS SHINN	(i)	96,125	0	60,398	7,934	20,581	185,038	0
	(ii)	0	0	0	0	0	0	0
(10) WILLIAM BENZ	(i)	0	0	115,096	0	0	115,096	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE FOLLOWING EMPLOYEES HAVE RECEIVED HOUSING ALLOWANCE, WHICH ARE TAXABLE GARY COLLINS \$ 4,380 DAVID GODSTED \$ 24,000 CHRIS SHINN \$ 32,630 JOHN MCKISSICK \$ 13,534 NORA SOLIMAN \$ 17,710
	PART I, LINE 4A	WILLIAM BENZ RECEIVED \$115,096 SEVERANCE PAY THE SEVERANCE PAYMENT IS RELATED TO ONE YEAR CONTINUATION OF SALARY AND OUTPLACEMENT SERVICES

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

AMERICA-MIDEAST EDUCATIONAL & TRAINING  
SERVICES INC

**Employer identification number**

53-0243270

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS REVIEWED BY THE ORGANIZATION'S CONTROLLER. THE FORM 990 WAS NOT PROVIDED TO THE BOARD PRIOR TO FILING, BUT IT IS MADE AVAILABLE UPON REQUEST. BEGINNING NEXT YEAR, THE AUDIT COMMITTEE WILL RECEIVE A COPY, PRIOR TO FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AS THE EMPLOYEE HANDBOOK IS UPDATED, STAFF ARE ASKED TO SIGN CERTIFICATIONS, THAT INCLUDE THE CONFLICT OF INTEREST STATEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	1. REVIEWED JOB DESCRIPTION TO DETERMINE ACCURACY OF INDIVIDUAL RESPONSIBILITIES AS WELL AS LEVEL OF ORGANIZATIONAL RESPONSIBILITIES, 2. IDENTIFIED BENCHMARK POSITIONS FOR COMPARISON, 3. OBTAINED SALARY DATA FROM A VARIETY OF SOURCES (LOCAL, TYPE OF ORGANIZATION, BUDGET SIZE, ETC.), 4. IDENTIFIED APPROPRIATE BENCHMARK SALARIES, 5. SLOTTED THOSE INTO GRADE STRUCTURE, 6. POSITIONED ALL OTHER JOBS IN GRADE STRUCTURE BASED ON IDENTIFIED LEVEL OF RESPONSIBILITY, 7. COMPARED ACTUAL SALARIES TO GRADES AND IDENTIFIED THOSE WHICH NEEDED ADJUSTMENT BECAUSE THEY WERE NOT WITHIN GRADE SPREAD, OR WERE PLACED INCORRECTLY WITHIN GRADE BASED ON LEVEL OF EXPERIENCE AND EDUCATION, 8. RECOMMENDED ADJUSTMENTS, WHICH WERE IMPLEMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -819,564

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 53-0243270

**Name:** AMERICA-MIDEAST EDUCATIONAL & TRAINING SERVICES INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MARY W GRAY CHAIR	20	X		X				0	0	0
THE HONORABLE NICHOLAS A VELIOTES VICE CHAIR	20	X		X				0	0	0
THE HONORABLE ROBERT H PELLETREAU TREASURER	20	X		X				0	0	0
MR RICHARD A ABDOO BOARD MEMBER	20	X						0	0	0
DR ODEH ABURDENE BOARD MEMBER	20	X						0	0	0
MR KUTAYBA YUSUF ALGHANIM BOARD MEMBER	20	X						0	0	0
MS JUDITH BARNETT BOARD MEMBER	20	X						0	0	0
DR ALFRED J BOULOS BOARD MEMBER	20	X						0	0	0
DR PAUL F BOULOS BOARD MEMBER	20	X						0	0	0
MR CURTIS W BRAND BOARD MEMBER	20	X						0	0	0
DR SHERRILL CLELAND BOARD MEMBER	20	X						0	0	0
THE HONORABLE ROBERT S DILLON EMERI BOARD MEMBER	20	X						0	0	0
MR HASAN M EL-KHATIB BOARD MEMBER	20	X						0	0	0
MR ANTOINE N FREM BOARD MEMBER	20	X						0	0	0
THE HONORABLE EDWARD M GABRIEL BOARD MEMBER	20	X						0	0	0
MR JAMES Q GRIFFIN BOARD MEMBER	20	X						0	0	0
MRS DORIS C HALABY BOARD MEMBER	20	X						0	0	0
DR ALAN W HORTON EMERITUS BOARD MEMBER	20	X						0	0	0
MRS GHADA IRANI BOARD MEMBER	20	X						0	0	0
DR PAUL JABBER BOARD MEMBER	20	X						0	0	0
DR SAMIR KHALAF BOARD MEMBER	20	X						0	0	0
DR RIMA KHALAF BOARD MEMBER	20	X						0	0	0
MR D PATRICK MALEY III BOARD MEMBER	20	X						0	0	0
DR MARY E KING BOARD MEMBER	20	X						0	0	0
THE HONORABLE WILLIAM A RUGH BOARD MEMBER	20	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR FREDERICK C SEIBOLD JR BOARD MEMBER	20	X						0	0	0
HELEILA ABDUL HAMID SHARAF BOARD MEMBER	20	X						0	0	0
MR JT JACK TYMANN BOARD MEMBER	20	X						0	0	0
DR MOSTAFA TERRAB BOARD MEMBER	20	X						0	0	0
MR JACK T TYMANN BOARD MEMBER	20	X						0	0	0
THE HONORABLE THEODORE H KATTOUF PRESIDENT & CEO	40 00	X		X				288,669	0	23,101
LINDA DENICOLA VICE PRESIDENT	40 00			X				157,451	0	12,796
VINCENT DESOMMA VICE PRESIDENT	40 00			X				161,520	0	31,841
LESLIE NUCHO VICE PRESIDENT	40 00			X				138,144	0	23,828
JAMES GRABOWSKI VICE PRESIDENT	40 00			X				141,498	0	29,563
GREGORY TOUMA VICE PRESIDENT	40 00			X				125,601	0	28,622
KATHLEEN ARCHAMBAULT VICE PRESIDENT	40 00			X				124,751	0	25,449
DAVID GODSTED COUNTRY DIRECTOR	40 00				X			172,772	0	23,763
CHRIS SHINN CHIEF OF PARTY	40 00				X			156,523	0	28,515
DENNIS TURNER DIRECTOR	40 00					X		115,931	0	22,446
GARY COLLINS CHIEF OF PARTY	40 00					X		114,792	0	13,314
JOHN MCKISSICK CHIEF OF PARTY	40 00					X		111,895	0	14,666
NORA SOLIMAN DIRECTOR	40 00					X		107,899	0	26,472
JEROME BOOKIN-WEINER DIRECTOR	40 00					X		102,499	0	26,687
WILLIAM BENZ VICE PRESIDENT	40 00						X	115,096	0	0